

Registration Form

due April 18, 2001

6th Annual Statewide Household Hazardous Waste and Used Oil Conference
Pre-Conference Training

May 16-18, 2001
May 14-15, 2001

To register for the conference, fill out this form and send it with payment directly to Granlibakken Conference Center, PO Box 6329, Tahoe City, CA 96145, or by fax at (530) 583-7641. If you have questions about accommodations or reservations, call Granlibakken at (800) 543-3221.

Contact Information

Name			Title	
Organization			Phone	Fax
Address			Email	
City	State	Zip	Your organization's website address (if any)	

Miscellaneous

Check All That Apply

- | | |
|--|---|
| <input type="checkbox"/> I am giving a presentation. | <input type="checkbox"/> I have a disability and need special accommodations. |
| <input type="checkbox"/> I am teaching a class. | <input type="checkbox"/> I have special dietary requirements. |
| <input type="checkbox"/> I would like to set up a table-top exhibit. | <input type="checkbox"/> I have special lodging requirements. |
| <input type="checkbox"/> I would like vegetarian meals. | <input type="checkbox"/> I would like a smoking room. |
| | <input type="checkbox"/> I would like a non-smoking room. |

Comments:

Conference Fees

A. Registration																					
This fee is waived for presenters and training instructors only.																					
Conference Registration Fee: \$50.00																					
B. Lodging																					
Check for preferred type of lodging. We make every effort to fill requests for doubles; however, if a roommate is not available, the single rate will apply. All lodging includes breakfast, lunch, dinner and parking. Daily rates include tax and service charge. See website for detailed lodging descriptions: http://www.granlibakken.com/index.asp																					
<table border="0"><tr><td colspan="2">Double Occupancy (per participant)</td><td colspan="2">Single Occupancy</td></tr><tr><td>___ Bedroom Unit</td><td>\$146.40</td><td>___ Bedroom Unit</td><td>\$193.20</td></tr><tr><td>___ Room in Townhouse</td><td>\$146.40</td><td>___ Room in Townhouse</td><td>\$193.20</td></tr><tr><td>___ Studio Unit</td><td>\$168.00</td><td>___ Studio Unit</td><td>\$232.80</td></tr><tr><td>___ Executive Lodge</td><td>\$168.00</td><td>___ Executive Lodge</td><td>\$232.80</td></tr></table>		Double Occupancy (per participant)		Single Occupancy		___ Bedroom Unit	\$146.40	___ Bedroom Unit	\$193.20	___ Room in Townhouse	\$146.40	___ Room in Townhouse	\$193.20	___ Studio Unit	\$168.00	___ Studio Unit	\$232.80	___ Executive Lodge	\$168.00	___ Executive Lodge	\$232.80
Double Occupancy (per participant)		Single Occupancy																			
___ Bedroom Unit	\$146.40	___ Bedroom Unit	\$193.20																		
___ Room in Townhouse	\$146.40	___ Room in Townhouse	\$193.20																		
___ Studio Unit	\$168.00	___ Studio Unit	\$232.80																		
___ Executive Lodge	\$168.00	___ Executive Lodge	\$232.80																		
Name of person sharing room if double occupancy: _____																					
Calculate Total Lodging Cost Here:																					
Arrival Date: _____ Departure Date: _____ Days @ \$ _____ per day = \$ _____																					
C. Guest Lodging																					
This option is only available for spouses or guests if you have a single room.																					
Name of Spouse or Guest: _____																					
Calculate additional guest fee here:																					
Arrival Date: _____ Departure Date: _____ Days @ \$54.00 per day = \$ _____																					

Continued on back

Registration Form (continued)

6th Annual Statewide Household Hazardous Waste and Used Oil Conference May 16-18, 2001

D. Off Grounds	<p>This is the facility fee for participants who are attending the conference but do not require lodging at Granlibakken. Includes breakfast, lunch, dinner and parking.</p> <p style="text-align: right;">Calculate your off grounds fee here:</p> <p>Arrival Date: _____ Departure Date: _____ Days @ \$78.00 per day = \$ _____</p>
E. Dinner At Squaw Valley on May 16th	<p>_____ I would like to attend the dinner at no charge.</p> <p>_____ I would like to bring a guest/spouse @ \$35.</p> <p style="text-align: right;">Total = \$ _____</p>
F. Training Please see training descriptions for full details. Some classes have limited seating - reserve early! Check the appropriate sessions at right.	<p>_____ 1. 8-Hour HHW Hazwoper Refresher (Mon. 5/14, 8-5), \$100</p> <p>_____ 2. Haz. Waste Site Emergencies (Mon. 5/14, 1-4), \$50</p> <p>_____ 3. Chemistry for the Non-Chemist, Intro (Tue. 5/15, 8-12), \$75</p> <p>_____ 4. Chemistry for the Non-Chemist, Intermediate (Tue. 5/15, 1-5), \$75</p> <p>(Note - sign up for #3 and #4 and pay the discount rate of only \$125!)</p> <p>_____ 5. Waste Identif. and Classif. Test Workshop (Tue. 5/15, 8-5), \$150</p> <p>_____ 6. Dept. of Trans. Haz. Materials Training (Tue. 5/15, 8-12), \$75</p> <p style="text-align: right;">Total for Classes = \$ _____</p>
G. Exhibit Space	<p>_____ I would like to set up a display table and I am not sharing (enter \$150).</p> <p>_____ I plan to share a display table with this other organization: _____</p> <p style="padding-left: 40px;">If sharing, who is paying?</p> <p style="padding-left: 40px;">_____ My organization (enter \$150)</p> <p style="padding-left: 40px;">_____ The other organization (enter \$0)</p> <p style="padding-left: 40px;">_____ We are each paying half (enter \$75)</p> <p style="text-align: right;">Total for Exhibit Space = \$ _____</p>
H. Total	<p>Add up fees from Sections A - G.</p> <p>This is your Conference and Training Fees:</p> <p style="text-align: right;">Total = \$ _____</p>

Airport Transportation

Transportation to and from the Reno Airport is available for \$30 per person each way with a minimum of \$55 per trip. 7-day advance notice and prepayment is required. Cancellations received less than 24 hours prior to arrival or departure are non-refundable.

Arrival	Day	Date	Arrival Time
Airline	Flight No.	Number of people _____ @ \$30 per person = \$ _____	
Departure	Day	Date	Departure Time
Airline	Flight No.	Number of people _____ @ \$30 per person = \$ _____	

Payment

All major credit cards and checks are accepted.

Please remit payment to: Granlibakken Conference Center, PO Box 6329, Tahoe City, CA 96145, or fax it to (530) 583-7641.

\$100 per person deposit is due at time of booking. Full payment is due by May 1, 2001. Check-in is 4:00 p.m.; checkout is 11:00 a.m.

For questions, contact Granlibakken at (800) 543-3221. **Reservations are due on or before April 18, 2001.** Reservations received after this date are on a space available basis. Cancellation at any time is subject to a \$10 handling fee. Reservations cancelled after April 18, 2001 are subject to a charge of \$100 per person. No shows are charged 2 nights at the package rate. Changes to check in or check out date are only allowed with no penalty if confirmed 72 hours in advance.

Grand Total	Total from Section H	Plus Transportation (if any)	= Grand Total
Credit Cards	Credit Card Number	Expiration	Signature